

DEBTOR(S): Powell Valley Health Care, Inc.

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NUMBER: 16-20326Form 2-A
COVER SHEETFor Period End Date: 11/30/2016Accounting Method: ☒ Accrual Basis ☐ Cash Basis**THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH**Mark One Box for Each
Required Document:Debtor must attach each of the following documents unless the U. S. Trustee
has waived the requirement in writing. File the original with the Clerk of Court.
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	9. Evidence of insurance for all policies renewed or replaced during month

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: _____

Print Name: Michael LongSignature: Title: Chief Financial Officer

DEBTOR(S) Powell Valley Health Care, Inc. **CASE NO:** 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 11/01/2016 to 11/30/2016

CASH FLOW SUMMARY

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>2,750,642</u> (1)	\$ <u>3,499,673</u> (1)
2. Cash Receipts		
Operations	3,999,405	24,783,832
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
Total Cash Receipts	\$ <u>3,999,405</u>	\$ <u>24,786,002</u>
3. Cash Disbursements		
Operations	3,741,536	24,931,364
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	775	346,575
Total Cash Disbursements	\$ <u>3,742,311</u>	\$ <u>25,277,939</u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>257,094</u>	<u>-491,937</u>
5 Ending Cash Balance (to Form 2-C)	\$ <u><u>3,007,736</u></u> (2)	\$ <u><u>3,007,736</u></u> (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	-40,705
DIP State Tax Account		0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	10,347
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	3,035,924
Retainers held by professionals (i.e. COLTAF)		0
TOTAL (must agree with Ending Cash Balance above)		\$ <u><u>3,007,736</u></u> (2)

- (1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.
Current month beginning cash balance should equal the previous month's ending balance.
- (2) All cash balances should be the same.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

16-20326

Form 2-B

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 11/01/2016 to 11/30/2016

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
11/01/2016	Medicare EFT	Patient/Resident account	24,354.76
11/01/2016	Aetna/Blue Cross	Patient/Resident account	68,439.85
11/01/2016	Cigna	Patient/Resident account	19,856.77
11/01/2016	Other Commercial	Patient/Resident account	108,999.66
11/01/2016	Other	Cash payments	71,207.44
11/01/2016	Other EFT	Patient/Resident account	13,888.36
11/02/2016	Medicare EFT	Patient/Resident account	25,131.45
11/02/2016	Cigna	Patient/Resident account	17,283.48
11/02/2016	Other Commercial	Patient/Resident account	55,996.68
11/02/2016	Other	Cash payments	23,678.82
11/02/2016	Other EFT	Patient/Resident account	149,439.59
11/03/2016	Medicare EFT	Patient/Resident account	24,562.22
11/03/2016	Other Commercial	Patient/Resident account	31,856.15
11/03/2016	Other	Cash payments	15,962.06
11/03/2016	Other EFT	Patient/Resident account	8,905.00
11/04/2016	Medicare EFT	Patient/Resident account	34,256.72
11/04/2016	Cigna	Patient/Resident account	12,158.37
11/04/2016	Other Commercial	Patient/Resident account	4,273.69
11/04/2016	Other	Cash payments	19,018.83
11/04/2016	Other EFT	Patient/Resident account	25,024.07
11/07/2016	Medicare EFT	Patient/Resident account	24,465.24
11/07/2016	Aetna/Blue Cross	Patient/Resident account	24,166.78
11/07/2016	Cigna	Patient/Resident account	2,333.57
11/07/2016	Other Commercial	Patient/Resident account	5,463.36
11/07/2016	Other	Cash payments	9,229.68
11/07/2016	Other EFT	Patient/Resident account	197,374.91
11/08/2016	Medicare EFT	Patient/Resident account	29,933.08
11/08/2016	Aetna/Blue Cross	Patient/Resident account	97,628.68
11/08/2016	Cigna	Patient/Resident account	60,015.70
11/08/2016	Other Commercial	Patient/Resident account	44,438.06
11/08/2016	Other	Cash payments	29,869.93
11/08/2016	Other EFT	Patient/Resident account	20,112.89
11/09/2016	Medicare EFT	Patient/Resident account	17,414.41
11/09/2016	Other Commercial	Patient/Resident account	7,169.31
11/09/2016	Other	Cash payments	3,775.29
11/09/2016	Other EFT	Patient/Resident account	29,477.86
11/10/2016	Medicare EFT	Patient/Resident account	10,797.57
11/10/2016	Cigna	Patient/Resident account	757.64
11/10/2016	Other Commercial	Patient/Resident account	26,027.25
11/10/2016	Other	Cash payments	82,542.89
11/10/2016	Other EFT	Patient/Resident account	70,460.70
11/11/2016	Cigna	Patient/Resident account	14,914.84
11/11/2016	Other Commercial	Patient/Resident account	12,019.79
11/11/2016	Other	Cash payments	5,396.61
11/14/2016	Medicare EFT	Patient/Resident account	19,125.67
11/14/2016	Other Commercial	Patient/Resident account	28,430.51
11/14/2016	Other	Cash payments	1,101.44
11/14/2016	Other EFT	Patient/Resident account	405,840.14
11/15/2016	Medicare EFT	Patient/Resident account	35,844.16
11/15/2016	Aetna/Blue Cross	Patient/Resident account	143,772.77
11/15/2016	Cigna	Patient/Resident account	4,940.98
11/15/2016	Other Commercial	Patient/Resident account	83,626.36
11/15/2016	Other	Cash payments	32,248.13
11/15/2016	Other EFT	Patient/Resident account	38,082.86
11/16/2016	Medicare EFT	Patient/Resident account	47,819.14

DEBTOR(S): Powell Valley Health Care, Inc.CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 11/01/2016 to 11/30/2016**CASH RECEIPTS DETAIL****Account No:****7301***(attach additional sheets as necessary)*

Date	Payer	Description	Amount
11/16/2016	Cigna	Patient/Resident account	23,073.09
11/16/2016	Other Commercial	Patient/Resident account	64,297.35
11/16/2016	Other	Cash payments	1,200.23
11/16/2016	Other EFT	Patient/Resident account	54,059.33
11/17/2016	Medicare EFT	Patient/Resident account	63,689.54
11/17/2016	Other Commercial	Patient/Resident account	12,996.96
11/17/2016	Other	Cash payments	21,928.16
11/17/2016	Other EFT	Patient/Resident account	38,861.31
11/18/2016	Medicare EFT	Patient/Resident account	12,159.12
11/18/2016	Cigna	Patient/Resident account	6,481.45
11/18/2016	Other Commercial	Patient/Resident account	6,521.01
11/18/2016	Other	Cash payments	14,516.74
11/18/2016	Other EFT	Patient/Resident account	1,771.90
11/21/2016	Medicare EFT	Patient/Resident account	23,931.29
11/21/2016	Aetna/Blue Cross	Patient/Resident account	18,272.20
11/21/2016	Cigna	Patient/Resident account	3,525.07
11/21/2016	Other Commercial	Patient/Resident account	14,672.66
11/21/2016	Other	Cash payments	2,906.14
11/21/2016	Other EFT	Patient/Resident account	133,607.81
11/22/2016	Medicare EFT	Patient/Resident account	22,075.24
11/22/2016	Aetna/Blue Cross	Patient/Resident account	122,865.50
11/22/2016	Cigna	Patient/Resident account	65,634.86
11/22/2016	Other Commercial	Patient/Resident account	38,266.07
11/22/2016	Other	Cash payments	28,145.71
11/22/2016	Other EFT	Patient/Resident account	17,049.60
11/23/2016	Medicare EFT	Patient/Resident account	37,022.39
11/23/2016	Cigna	Patient/Resident account	255.78
11/23/2016	Other Commercial	Patient/Resident account	35,250.15
11/23/2016	Other	Cash payments	6,011.80
11/23/2016	Other EFT	Patient/Resident account	25,626.19
11/25/2016	Medicare EFT	Patient/Resident account	32,088.21
11/25/2016	Other EFT	Patient/Resident account	77,326.93
11/28/2016	Medicare EFT	Patient/Resident account	13,088.33
11/28/2016	Other Commercial	Patient/Resident account	4,474.15
11/28/2016	Other	Cash payments	9,728.30
11/28/2016	Other EFT	Patient/Resident account	11,257.18
11/29/2016	Medicare EFT	Patient/Resident account	31,552.54
11/29/2016	Aetna/Blue Cross	Patient/Resident account	70,015.01
11/29/2016	Cigna	Patient/Resident account	21,674.89
11/29/2016	Other Commercial	Patient/Resident account	86,910.89
11/29/2016	Other	Cash payments	200,162.42
11/29/2016	Other EFT	Patient/Resident account	9,787.95
11/30/2016	Medicare EFT	Patient/Resident account	692.97
11/30/2016	Cigna	Patient/Resident account	9,161.56
11/30/2016	Other Commercial	Patient/Resident account	14,605.49
11/30/2016	Other	Cash payments	36,612.35
11/30/2016	Other EFT	Patient/Resident account	32,678.95

Total Cash Receipts**\$ 3,999,404.94 (1)**

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT
 For Period: 11/01/2016 to 11/30/2016

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No:

8425

Date	Check No.	Payee	Description (Purpose)	Amount
11/01/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	235.22
11/02/16	EFT	Electronic Funds Transfer	Montana state tax	969.00
11/02/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	129,657.14
11/05/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	87,835.35
11/08/16	1061	Apollo Corp	Deposit against post petition invoices	375.00
11/10/16	1062	Diret Supply	Deposit against post petition invoices	400.00
11/10/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	621,842.34
11/10/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	11,611.12
11/11/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	2,088.85
11/11/16	EFT	Electronic Funds Transfer	FICA payroll taxes	103,185.60
11/11/16	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	130,180.39
11/14/16	EFT	Electronic Funds Transfer	Trsf to pension act 7901	56,799.46
11/15/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	144,385.63
11/16/16	EFT	Electronic Funds Transfer	Montana state tax	971.00
11/23/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	599,702.38
11/23/16	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	8,842.95
11/28/16	EFT	Electronic Funds Transfer	FICA payroll taxes	96,914.63
11/28/16	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	124,373.38
11/28/16	EFT	Electronic Funds Transfer	Trsf to pension act 7901	43,110.45
11/28/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	108,213.28
11/30/16	EFT	Electronic Funds Transfer	Trsf to EMBS act 6301	88,960.81
11/30/16	EFT	Electronic Funds Transfer	Montana state tax	969.00
11/30/16	1063	First Wyoming Bank	Interest to complete cash collateral	2,900.01

3776-4182 Accounts Payable checks See attached check register 1,377,788.42

Total Cash Disbursements \$ 3,742,311.41 (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

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COMPARATIVE BALANCE SHEET

For Period Ended: 11/30/2016

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 3,007,736	\$ 4,255,881
Accounts Receivable (from Form 2-E)	7,611,713	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	753,945	757,444
Other Current Assets : (List) <u>Pre-paid Expense</u>	1,151,007	865,872
<u>Receivable from legal settlements</u>	11,450,000	11,450,000
Total Current Assets	\$ 23,974,401	\$ 25,712,723
Fixed Assets:		
Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,056,575	9,997,873
Total Fixed Assets	10,751,009	10,692,307
Less: Accumulated Depreciation	(8,615,884)	(8,254,973)
Net Fixed Assets	\$ 2,135,125	\$ 2,437,334
Other Assets (List): _____	0	0
_____	0	0
TOTAL ASSETS	\$ 26,109,526	\$ 28,150,057
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ 539,563	\$ 1,167,152
Post-petition Accrued Profesional Fees (from Form 2-E)	228,501	250,000
Post-petition Taxes Payable (from Form 2-E)	101,374	172,650
Post-petition Notes Payable	131,505	128,056
Other Post-petition Payable(List): <u>see schedul 2G liab</u>	2,684,716	3,405,269
<u>Legal claim reserve</u>	11,750,000	11,750,000
Total Post Petition Liabilities	\$ 15,435,659	\$ 16,873,127
Pre Petition Liabilities:		
Secured Debt	1,084,942	1,153,923
Priority Debt	0	0
Unsecured Debt	1,434,764	1,415,297
Total Pre Petition Liabilities	\$ 2,519,706	\$ 2,569,220
TOTAL LIABILITIES	\$ 17,955,365	\$ 19,442,348
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	-537,445	16,103
TOTAL OWNERS' EQUITY	\$ 8,154,161	\$ 8,707,709
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ 26,109,526	\$ 28,150,057

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

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DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

**Form 2-D
PROFIT AND LOSS STATEMENT**

For Period 11/01/2016 to 11/30/2016

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 5,928,081	\$ 39,529,183
Less: Discounts, Returns and Allowances	(2,274,385)	(15,890,242)
Net Operating Revenue	\$ <u>3,653,696</u>	\$ <u>23,638,941</u>
Cost of Goods Sold	<u>3,261,122</u>	<u>21,656,880</u>
Gross Profit	\$ <u>392,574</u>	\$ <u>1,982,061</u>
Operating Expenses		
Officer Compensation	\$ 12,928	\$ 92,639
Selling, General and Administrative	0	0
Rents and Leases	87,176	549,030
Depreciation, Depletion and Amortization	62,827	397,883
Other (list):		
Repairs	59,969	327,817
Insurance	<u>56,712</u>	<u>378,883</u>
Total Operating Expenses	\$ <u>279,612</u>	\$ <u>1,746,252</u>
Operating Income (Loss)	\$ <u>112,962</u>	\$ <u>235,809</u>
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-7,211	-30,611
Other Non-Operating Income	<u>0</u>	<u>0</u>
Net Non-Operating Income or (Expenses)	\$ <u>-7,211</u>	\$ <u>-30,611</u>
Reorganization Expenses		
Legal and Professional Fees	\$ 221,957	\$ 742,643
Other Reorganization Expense	<u>0</u>	<u>0</u>
Total Reorganization Expenses	\$ <u>221,957</u>	\$ <u>742,643</u>
Net Income (Loss) Before Income Taxes	\$ <u>-116,206</u>	\$ <u>-537,445</u>
Federal and State Income Tax Expense (Benefit)	<u>0</u>	<u>0</u>
NET INCOME (LOSS)	\$ <u><u>-116,206</u></u>	\$ <u><u>-537,445</u></u>

(1) Accumulated Totals include all revenue and expenses since the petition date.

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DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)
SUPPORTING SCHEDULES

For Period: 11/01/2016 to 11/30/2016

Summary of Post-Petition Taxes				
Type of tax	1	2	3	4
	Unpaid post-petition taxes from prior reporting month(1)	Post-petition taxes accrued this month (new obligations)	Post-petition tax payments made this reporting month	Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
Federal				
Employee income tax withheld		254,554	254,554	
Employee FICA taxes withheld		101,531	101,531	
Employer FICA taxes		98,570	98,570	
Unemployment taxes				
Other:				
State				
Sales, use & excise taxes	45	45		90
Unemployment taxes	1,145	1,145		2,290
Other: Worker Compensation	51,498	47,496		98,994
Local				
Personal property taxes				
Real property taxes				
Other:				
Total unpaid post-petition taxes				101,374

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	National Fire & Risk/AB Risk, USI Insurance Service	\$1M/\$5M \$5M Umbrella	08/01/2017	12/31/2016
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2017	07/31/2017
Vehicle	National Indemnity Company/RPS, Ohio Security Insurance, USI Insurance Service	\$1M auto & \$1m Ambular	08/01/2017	07/31/2017
Other (list): Director & Officer Liability	Darwin National Assurance Co., USI Insurance Service	\$2m	09/07/2017	09/07/2017
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	09/01/2017	09/01/2017
Other (list): Crime	Travelers Casualty and Surety, USI Insurance Service	\$500,000	08/01/2017	07/31/2017

If any policies were renewed or replaced during reporting period, attach new certificate of insurance.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 2 of 2)
SUPPORTING SCHEDULES

For Period: 11/01/2016 00:00 to 11/30/2016 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables				910,063	910,063
Post-petition receivables	3,388,093	1,625,070	881,295	807,193	6,701,651
Total	3,388,093	1,625,070	881,295	1,717,256	7,611,713

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	478,670	19,583	3,069	(25,723)	475,598
Other Payables	15,730	4,350	4,350	39,535	63,965
Total	494,400	23,933	7,419	13,812	539,563

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$228,501	36,480	36,480	11/1/16	\$228,501
Counsel for Unsecured Creditors' Committee		88,776	88,776	11/21/16	
Trustee's Counsel					
Accountant					
Other:		840	840		
Total	228,501	126,096	126,096		228,501

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Michael Long	Chief Financial Officer	Salary/Wages	12,928

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.

Form 2-F
QUARTERLY FEE SUMMARY *
For the Month Ended: 11/30/2016

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January		\$ 0			
February		0			
March		0			
TOTAL 1st Quarter	\$	0 \$			
April		0			
May	20 16	1,330,126			
June	20 16	3,481,838			
TOTAL 2nd Quarter	\$	4,811,964 \$	325 10,075	2,551 2,919	07/19/16 08/22/16
July	20 16	4,385,351			
August	20 16	4,176,264			
September	20 16	3,938,695			
TOTAL 3rd Quarter	\$	12,500,310 \$	13,000	3,605	10/18/16
October	20 16	4,223,353			
November	20 16	3,742,311			
December		0			
TOTAL 4th Quarter	\$	7,965,664 \$			

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

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DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-G
NARRATIVE

For Period Ending: 11/30/2016

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

FORM 2B-1 Line 50, Cash Accounts are made up of General Checking #701, EBMS Checking #6301, Flex Spending #3101, Care Center Resident Trust #2088, Employee Benefit #5601, and Pension #7901. **Form 2B-3** Cash Disbursements other of \$15,000 is for vendor deposits made during the period. **Form 2C-Liabilities**, line 38 Other Payables, this line is made up of accrued Provider Incentives \$276,550, Accrued Payroll \$841,839, 3rd Party Receivable/Payable (Medicare Cost Report Settlement) \$166,530, Assisted Living Room Retainer \$32,500, NH Resident Trust \$7,331, Donations \$86, and Accrued Benefits \$1,359,880. **Form 2D** Officer compensation equals the amount listed on Form 2E. Rent, Depreciation, Interest, Repairs, and Insurance come from facility income statement, all other expenses is combined into cost of goods sold. **Form 2-E pg 2** "Other" fees are for Copenhagen, Kath, Kitchen, & Kolpitche for non-chapter 11 hospital legal counsel.

Rev. 1/15/14